

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

8654948043 P 2/3

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/11/2014
NAME OF PROVIDER OR SUPPLIER NORRIS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review the facility failed to maintain the automatic sprinkler system per NFPA 25. The findings include</p> <p>Observation and record review of the contracted sprinkler company on February 10, 2014 at 10 00 a.m. revealed the facility has mixed matched sprinkler heads of quick response and standard response throughout the facility in resident rooms and within the corridors. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on February 10, 2014.</p>	K 062	<p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p> <p>K 062</p> <ol style="list-style-type: none"> 1. Facility Maintenance Director and Administrator immediately contacted Morristown Automatic Sprinkler Co. to make them aware of the deficiency found by TN Life Safety Inspector regarding the mixed matched sprinkler heads. 2. All residents have the potential to be affected by the deficiency. 3. A total of 49 sprinkler heads were identified as needing to be replaced and facility vendor ordered needed sprinkler heads and those materials will be installed on March 17th and work will be completed on March 20, 2014. 4. The deficient practice of mismatched sprinkler heads was discussed during the monthly QAPI meeting and will be discussed and monitored for installation and proper working condition of new sprinkler heads for a period of 3 months during the monthly QAPI Meeting and will also be monitored by the sprinkler company during its quarterly review going forward. 	03/20/14
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and testing, the facility failed to maintain electrical outlets. The findings include: Observation and testing on February 10, 2014 from 8:25 a.m. and 8:40 a.m. revealed electrical outlets in the following location were loose and not secured within the wall:</p>	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

NORRIS HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

3282 ANDERSONVILLE HIGHWAY
ANDERSONVILLE, TN 37705

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 147

Continued From page 1

1. Electrical outlet by activity's room in the 100 hall.
2. Electrical outlet by room 106.
3. Electrical outlet by room 107.
4. Electrical outlet by the ADL Suite.
5. Electrical outlet by room 303.
6. Electrical outlet across from employee lounge.

These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on February 10, 2014.

K 147

K 147

1. The identified electrical plugs which were found to be deficient at the time of annual survey were immediately tightened by the Maintenance Director. A certified electrician was contacted to come in and inspect facility for plugs found during survey. A 100 % audit was also conducted by electrician and those plugs found to be at risk or in need of service were serviced by electrician.
2. All residents have the potential to be affected by the same alleged deficient practice. Therefore, all plugs were inspected and corrected immediately for any further deficiency that could cause any other potential issue.
3. Electrical plugs will be inspected weekly and monthly during the walking rounds by the Facility Maintenance Director and those assigned for room rounds. All plugs found to be loose will be immediately repaired by either the Maintenance Director or by a certified electrician.

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 CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER

445303

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

02/11/2014

NAME OF PROVIDER OR SUPPLIER

NORRIS HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

3383 ANDERSONVILLE HIGHWAY
ANDERSONVILLE, TN 37705(X4) ID
PREFIX
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(EACH DEFICIENCY MUST BE PRECEDED BY FULL
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K 147

Continued From page 1

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These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on February 10, 2014.

K 147

4. The Administrator and the Facility Maintenance Director will review data obtained audits, analyze the data and report patterns/trends to the QAPI committee monthly for 3 months. The QAPI committee will evaluate the effectiveness of the above plan, and will add additional interventions based on outcomes identified to ensure continued compliance.

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

03/14/14